



**Substance Abuse
and Mental Health Services**

*An Office of the
Department of Health and Human Services*

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
Substance Abuse and Mental Health Services
41 Anthony Avenue
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 287-2595; Fax: (207) 287-4334
TTY Users: Dial 711 (Maine Relay)

Maine Prescription Monitoring Program (PMP)

Sub-Account Registration Form

This form is required for the approval of your registration for the use of the PMP data query site. Submission of this form does not guarantee approval of your PMP registration. **Completed and signed forms can be faxed to 207-287-8910 or mailed to the address below.** If it is approved, you will receive instructions on accessing your sub-account via your registered email address. Mail the original form to:

Maine Prescription Monitoring Program (PMP)
DHHS Substance Abuse and Mental Health Services
41 Anthony Ave, 11 State House Station
Augusta, Maine 04333-0011

After you receive your account information, you may begin requesting reports. If you have any questions or need assistance in accessing the PMP system, please feel free to contact the Office of Substance Abuse and Mental Health Services at (207) 287-2595 or samhs.irc@maine.gov.

Last Name* _____

Email* _____

First Name* _____ MI _____

Date of Birth* _____

* Required field

License Type* (e.g., RN): _____ Lic. No.* _____

Signature of Sub-Account User* _____ Date* _____

-----For Prescriber/Dispenser under whose account Sub-account is to be created-----

Full Name* _____

Phone* _____

Business Name* _____

Fax _____

Street Address* _____

DEA Number* _____

City, State, Zip* _____

Email * _____

I authorize the person named above to access the Maine PMP web site on my behalf.

Signature of Prescriber/Dispenser* _____ Date* _____

* Required field

For Prescriber/Dispenser and Sub-Account

By signing above, I affirm that all information on this registration form is true and that all requests made pursuant to approval of this registration will be used for legitimate purposes. According to Title 22, Chapter 1603, "a person who knowingly releases, obtains, or attempts to obtain information from the program in violation of Chapter 1603 shall be punished by civil fine." All data obtained from the web site should be treated as Protected Health Information and handled in accordance with all federal and state laws regarding such. HIPAA and other privacy laws affect the disclosure of any data that is obtained.

----- for Office use only -----

Date Received:

User Name _____ Approved/Denied _____

Aug 2015